The MEDICAL MISSIONARY

BENGALI LAUGHTER

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NOTICE

Beginning with this issue THE MEDICAL MISSIONARY will reach our readers ten times a year instead of quarterly: that is, monthly except during July and August. The insistence of our friends who wish to read about us more frequently, as well as the convenience of study clubs and crusade units in the schools who are studying medical missions, has prevailed upon us to make this change.

More frequent issues, however, will cost us more than the subscription price now charged. To enable us to keep the subscription price at the same rate and also to reach a greater number of readers we are asking each one of our subscribers to obtain at least one new subscription to THE MEDICAL MISSIONARY. With twice the number of our present subscribers we can balance our magazine budget.

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Ten Years in India

Sister Mary Laetitia, S.C.M.M., R.N.

Sister Mary Laetitia has only recently returned to the Motherhouse after spending ten years doing mission work in India. She was sent to India to assist in the foundation of our first mission in that country and had an active part in all our subsequent foundations. Here she gives us some glimpses of what took place.—Editor.

Holy Family Hospital—Rawalpindi

NEGOTIATIONS began in 1924, final contracts were signed in 1927, and building operations were soon in full swing—but not for long! In India there is an official turning over of the property to the new owner by the former possessor, but on the appointed day the latter was missing. It was finally discovered that he had gone south and there was nothing to do but wait weeks and months for his return. Then the surveyors did their part and the stage was set for the erection of what is now the only Catholic hospital in the Punjab, an area containing a population of more than twenty million people, comprised of Hindus, Mohammedans, Sikhs, and a few Christians.

We Begin to Build

Since a wall surrounding the property was the first necessity, the workmen outlined its course in lime. Consternation on the part of the neighbors on two sides! Each protested that the line overlapped his ground. No notice was paid to these lamentations as it was taken for granted that the land had been properly surveyed. The coolies would dig in the daytime and at night the neighbors would fill in their excavations. This went on for several days and nights until one of the property owners came over during the day and ordered the coolies to stop working. "Stop working," the two sweetest words in a coolie's ears!—they needed no second bidding and contentedly "sat."

Next the surveyor came along: "Yes," he calmly remarked, "my survey was wrong and has to be done all over again. You *are* on the other fellow's property." What dark and devious transaction had gone on between the two will only be known on the day of Judgment, and even then they'll wiggle out of it.

The Dead Protest

Operations recommenced, eliciting a few more feeble wails from the neighbor on the other side, but after a time they ceased. "Thank God," we said, "the dead from the cemetery in our rear cannot protest." Well, if they couldn't their living protectors could, and did.

"You have blocked up our entrance by your wall. May we carry our dead through your compound?"

"You may not!"

The hospital would have received credit for having contributed to most of the processions. Already the Sisters are sometimes asked if *all* the inhabitants of the cemetery came from the hospital. However, a compromise was effected and everybody was happy.

Pipeline or Goat-Skin

Water was the next problem. Should we depend upon the *bhisti* (water carrier) for an occasional goat-skin of water, or could we get a pipe line to the hospital? Fortunately we were able to obtain the pipe line. The Sisters were then informed that a meter would be necessary. They ordered one from the municipality and paid for it. Nothing happened. No meter appeared. Months later the Sisters received an indignant letter from the municipality demanding to know why they had not paid their water bill and stating that the water supply was being cut off. Never having received a bill, the Sister in charge wrote that she would be glad to pay the bill if they would kindly send one—and what about the meter? That was 10 years ago and neither bill nor meter have yet appeared.

It Pays to Advertise

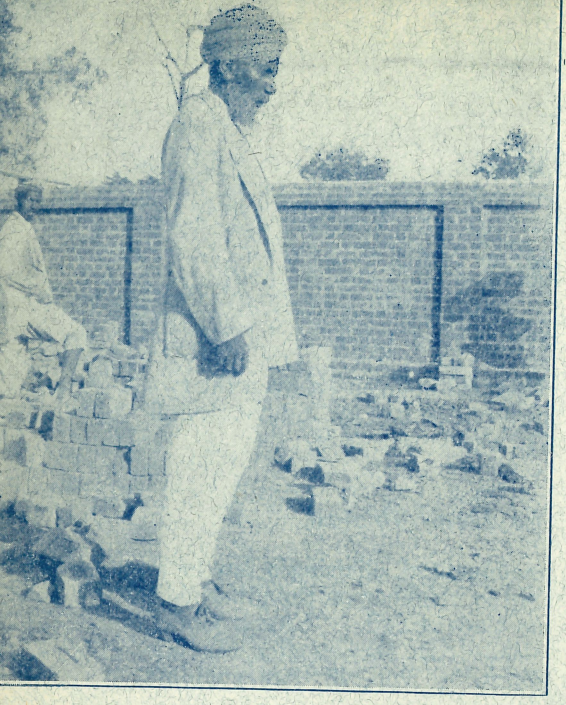
As there seemed no other way of letting the people know about the opening of the hospital

A Happy New Year!

May all the blessings of the season be yours!

We take this opportunity to express our heartfelt gratitude to all those who, since the beginning of our Society, have aided us so generously—be it through Holy Masses offered up, prayers said, advice given, contributions in kind or money, either as individuals or groups of people. Lack of space prevents our enumerating them separately but they are all remembered in our prayers several times a day.

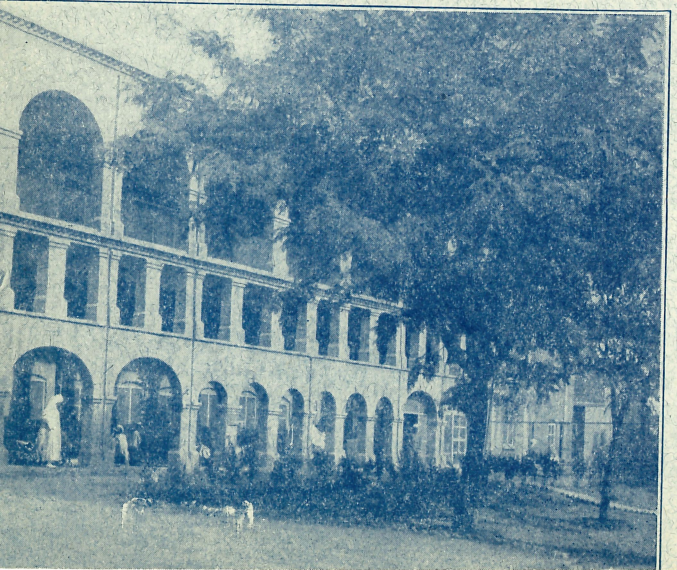
Vouchsafe, O Lord, for Thy Name's sake, to reward with eternal life all those who do us good.



The Contractor of Holy Family Hospital
A Sikh Gentleman

The Laundryman Calls for the Hospital Wash

Holy Family Hospital, Rawalpindi, India



a hand-bill was printed and distributed throughout the city. In it we mentioned that a modern hospital, well-equipped (for India), under professional management, was about to be opened. Since addresses are a little difficult in India our hand-bill directed the reader to the hospital "between the Company Garden and the Horse Fair." As a result of our advertising we had crowds of young high school and college boys who solemnly stalked through the wards time and time again, some of them removing their shoes as a sign of respect, others leaving them on but removing their *pugri* (turban). They were mostly Mohammedans and it was their one chance in life to see a purdah hospital—before the patients moved in. Years later a poor farmer came to the hospital with the same little notice in his hand and said he had brought his wife to us because it said on the leaflet that this was a good hospital.

Astrology and the Babies

Early in 1928 the first Hindu baby was born in the hospital. The relatives all anxiously inquired the exact hour of its birth, and the father rushed off to the family astrologist! A few hours later the mother was found in tears and the baby pushed to one side. What was the matter? Its horoscope was so bad that the family had decided it was better to let it die. This *was* a problem until someone had an inspiration—the clock was fast! So fond father had to race off again to the astrologer with the correct hour of birth. This time the child was assured of a happy future and peace reigned. Many hundreds of babies have since been born in the hospital, and more and more mothers are coming to the hospital every year as they see and experience the comfort of being properly cared for during such a difficult time.

Speaking of Operations!

In the beginning very few patients would come to the hospital because they were afraid. The Sisters almost had to go on their knees and beg them to come in for necessary operations. But now the picture is changed entirely; the patients are begging to be admitted. Where formerly there were plenty of empty beds, now the hospital is not only full but constantly has a waiting list.

One day a patient came along early in the morning and told the Sister that she had come for an operation. The Sister inquired into the matter and all seemed to have been previously settled so the woman was prepared and sent along last of all to the operating room. She was on the table just about to be anesthetised when the doctor looking at her realized that she had never seen the woman before. She asked for the history sheet and was told it was missing (which is not so unusual in India where the women love to walk off with their own his-

tories). A little questioning brought to light the fact that the woman had been seen by other doctors but never by the Holy Family Hospital surgeon. They had told her she needed an operation, so she finally made up her mind to have it done. So here she was and if we wouldn't do the operation now she would go right back home and (presumably) wait another ten years or so before making up her mind again. She really did need the operation so it was performed.

Bells and Villagers

The first thing the Sisters did when patients began to arrive was to give each one a bell. It was a never-to-be-forgotten period! Morning, evening, noon and night, the peals of the bells rang out! The old village women were delighted to have a bell to play with.

"Sister," (at 4 a. m.) "I have had pyorrhea for five years, please give me a dose of medicine that it may be cured at once."

"My medicine is no good, change it at once. I have had two doses and am not better yet" (from a pneumonia patient).

"Sister," (at 1.30 a. m.) "My maternal uncle's grandmother has had a pain in her head for ten or twelve years. Could you do anything for her?"

The bells met with an untimely end!

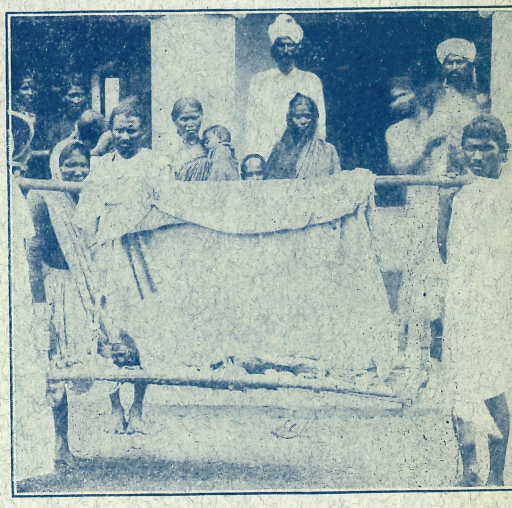
The First Training School is Opened

As the number of patients increased the two Sisters were unable to take care of them all, so a training school for Indian nurses was soon organized. There were many ups and downs in this little enterprise—mostly downs. However, the Indian nurses soon taught their preceptors just how much—or how little—could be expected of them. Now, after ten years, the training school is functioning excellently. Most of the present students are native Sisters who are being trained as nurses and midwives and who will later return to their own communities to open hospitals, training schools and similar works of their own. Thus, with the Grace of God, the work will go on spreading in an ever widening circle.

The patients were not so easy to train! They still think that they should have their treatments when they want them and just so long as they desire them. They usually want to choose their own medicines, according to color and taste rather than according to the doctor's orders. They discontinue their own medications, poultices or anything else and come and go as they please. At first one is staggered at the coolness with which a patient with a temperature of one hundred and three or so will decide to leave the hospital, or another will remove a child suffering from typhoid in its worse stage.

At first the Sisters explained and argued, but after a few years they grew wiser and *"Achcha"*

Mohammedan Dispensary Patients



A Mission Ambulance

Happy Mothers Whose Babies Were Born in the Hospital

Sister Frances Held a Sewing Class on the side
(See death of Sr. Frances—page 20)

(very well), they remark to the most astounding requests of that nature, realizing that the patient might return after a few days if permitted to leave without any trouble, whereas if they tried to keep her unwillingly they would never see her again.

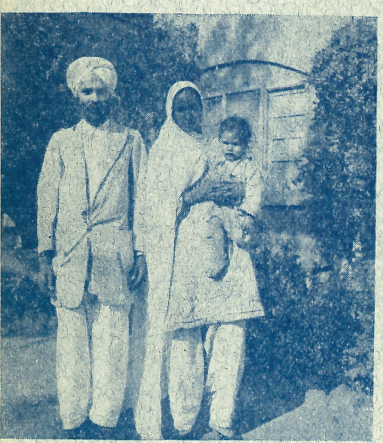
More Building and More Worries

At the end of two years the patients outgrew the hospital, so more wards were added. Then a bungalow for a lay doctor was an urgent need, so funds or no funds, it had to go up. Next the patients squeezed the Sisters and Indian nurses out of their quarters and a separate building for them had to come into existence. Now more ground has to be acquired and a really large hospital constructed.

All this building adds considerably to debts and worries but it is a sure sign of progress. The larger the hospitals the more patients can be cared for and the more souls can be reached for the greater glory of God.

While Sister Mary Laetitia is back at the Motherhouse she is trying to raise funds for the extension of the Holy Family Hospital which is to be built soon. Donations may be sent to THE MEDICAL MISSION HOUSE, Box 4405, Brookland, Washington, D. C.

—Editor.



A Sikh Family Visits the Hospital

A Buffalo Hut Chapel

For some years the parish church in the native city of Rawalpindi had consisted of a small mud hut into which crowded a fairly large number of Christians, with their children and lamenting babies, an occasional dog, and thousands of flies and mosquitoes. An odor of open drains and bazaar smells permeated this poor little temple of the Lord and through the glassless window a buffalo or cow would stick its head and interrupt devotions with a loud "moo."

When the Holy Family Hospital was built it was decided that the Sisters' chapel should replace this poverty-stricken hovel, so for many years the hospital chapel served as the native parish church, in fact until a larger one was erected in 1936.

The first mass in the hospital chapel was said by His Excellency, the Most Reverend Edward A. Mooney,

The Sisters Visit the Mothers and Children in Their Homes

then Apostolic Delegate to India. His Excellency also blessed the hospital.

How We Have Grown

The present condition of Holy Family Hospital is quite different from what it was at the end of the first year. The report for 1928 showed that 307 inpatients and 4,182 outpatients were cared for that year. The 1937 report is not yet received but the report for the year 1936 shows that 1,060 inpatients and 9,226 outpatients were treated.

Dacca

The Invitation

"Help our women in their urgent need," wrote His Excellency, The Most Reverend T. J. Crowley, C.S.C., Bishop of Dacca. The death rate among the mothers and babies was appalling and the Bishop appealed to our Society to send some Sisters to teach the native midwives modern ideas of cleanliness and the mothers how to take care of their babies.

The Society sent two Sisters to Dacca in 1930. Ever since then two Medical Missionary Sisters have acted as official Health Visitors for the city's hundred thousand inhabitants. They are making great efforts to train the almost untrainable native *dhais* (midwives) and to teach the mothers a little about the hygienic care of their infants and themselves.

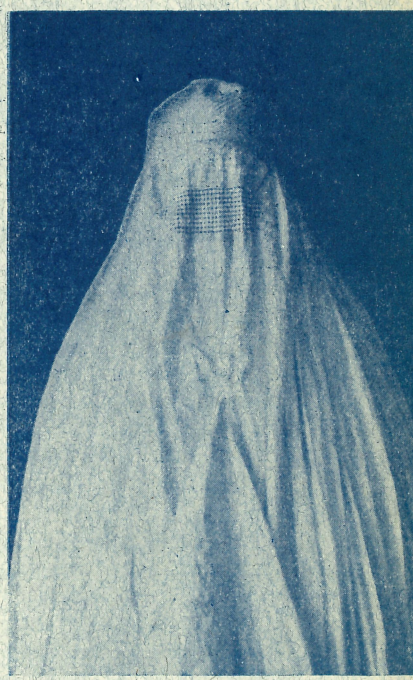
The Mortality Rate in India

India, taken as a whole, has the highest maternal mortality rate in the world. The infant mortality rate is as high as 60 percent in some places. Two million infants under the age of two years die annually in India. In Dacca the mortality rate of mothers and infants is not so high as some places because Child Welfare work has been carried on for so many years. However, the infant mortality is still 25 percent. This means that many little angels slip into heaven who except for the Sisters would not gain an entrance into Paradise.

Rags Dipped in Butter and Sugar

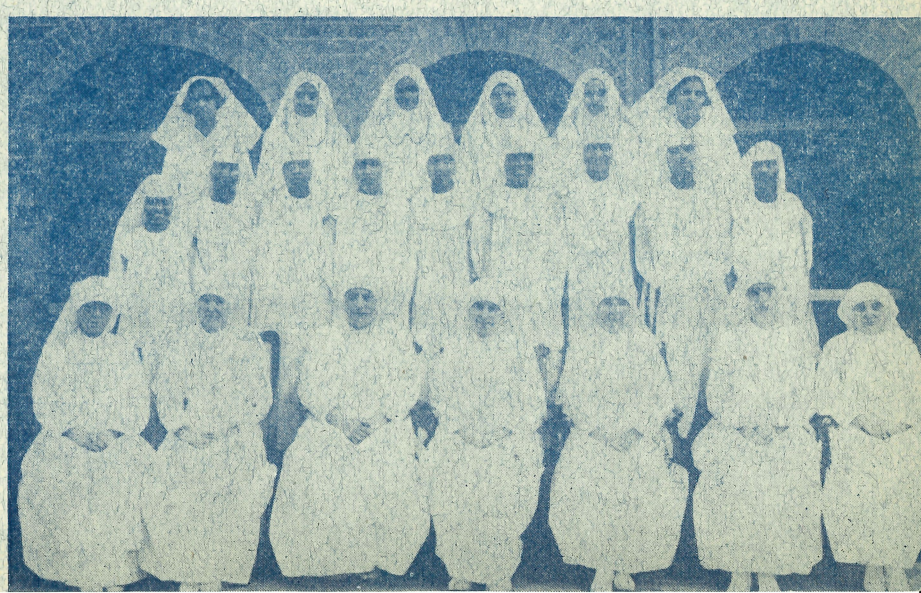
The deplorable methods of feeding the infants is responsible for many of the deaths. An hour-old infant is frequently given a huge dose of castor oil and honey for the first meal, and on the succeeding days it may be given a piece of dirty rag to suck which has been dipped in

Sister Laetitia's Return to the Motherhouse Reunited the Three Original Medical Missionaries—Sr. Mary Laetitia (left), Doctor Anna Dengel (center), Sr. Agnes Marie (right)



The Purdah Ladies Come to the Hospital Covered From Head to Toe

Holy Family Hospital Staff. Top Row—Native Sisters from Ajmer in Training. Middle Row—Native Sisters from Bengal in Training. Bottom Row—Medical Missionaries in Charge.



ghee (melted butter) and sugar, or it may be given tea to drink.

Such feeding methods, the heat, the dirt, dysentery infections, the omnipresent flies, as well as the extreme youthfulness of many of the malarial-ridden mothers, all add their quota towards hurrying many little Indian babies to an early grave—or funeral pyre.

What—No Brick!

During confinement most of the women in Dacca are put out of the house into the cowshed or a small temporary shelter. Some of these shelters are not much bigger than a large dog kennel, and in this the patient has to remain curled up in a little ball, for if she stretches out her feet they either protrude through the doorway or knock over the bamboo matting walls.

Nothing eases the hardness of the dirt floor for the poor woman but an old sack as she lies clad in her oldest and dirtiest sari. Nothing is prepared for the baby for fear the gods might learn of its coming and, being jealous, send the little one into the world handicapped in some way, or even cause its death or—calamities of calamities—cause it to be born a girl!

Frequently the Sister has to stay all night, or even 24 hours, with the patient, her only armchair usually consisting of a solitary brick. But one gets used to it and soon feels that the comforts of civilization are lacking if there is no brick and one is obliged to sit on the mud floor.

Often the only light at night is one that must have been used thousands of years ago: a tiny clay vessel containing a little mustard oil and a screw of rag which serves as a wick. This feeble light takes delight in going out at the crucial moment.

Then the Rains Fell

In Bengal there is a long monsoon (rainy season) that lasts almost five months and sometimes longer. During this season the heavens are literally turned into water and seem to fall down all at once, yet the supply keeps up for the appointed number of months. The condition of the "confinement huts" is one of incredible misery. The mud floors become a mire and the patient is damp and wretched. Sometimes the whole place is flooded so that she has to be raised on a kind of wooden table, while the Sister may have to stand knee deep in water to take care of her. Many of the poor little babies decide that heaven is a much better place, so they contract pneumonia and hurry off to a drier, happier land.

It's the Results That Matter

In spite of adverse conditions among the poor and ignorant and the difficulties of taking care of the patients in their own homes—or what pass for homes—the difference in the death rate between those cases supervised by the Health Visitors and those still cared for by the untrained native dhais (midwives) is quite marked.

There are two Health Centers, each directed by a Medical Missionary Sister with native trained midwives under her supervision. The following extract was taken from the yearly report of the Health Department:

"Of the 5,016 *births registered in the city in* 1936, *the Center Staffs attended* 1,456 *cases during confinement or immediately after confinement, representing* 28.9 *per cent of all registered births in the city.*

MORTALITY RATES

	Center Cases per 1,000	*Non-Center Cases per* 1,000
Maternal mortality	3.34	13.2
Infant mortality (within 10 *days)*	31.5	82.5

"The work of 23 *indigenous dhais (midwives) was supervised during the year;* 3,468 *babies were kept under observation by the Sisters;* 1,152 *expectant mothers were supervised in their homes. Two milk kitchens were maintained in order to supply milk free of charge to destitute mothers and babies. . . ."*

The Mitford Hospital

Toward the end of 1931 the British Colonel in charge appealed to the Society for Medical Missionary Sisters to take over the supervision of the nursing in the 450-bed municipal hospital. Two Sisters were sent to the Mitford Hospital, where they found a very large, well-built hospital consisting of eight buildings which had all been newly whitewashed and really looked very clean. Alas! keeping it clean was another problem!

In this hospital there is a training school for nurses, Bengalis and Anglo-Indians. After three years' training they go to Calcutta for the state examination and then return for a six-months midwifery course. There is a regulation course of studies for nurses in Bengal. It is not so easy, especially as most of the girls have not had sufficient education for the studies. Those who are educated look down on nursing as very menial work.

A great deal of work goes on in the hospital. There are three outpatient departments; one for men, one for women and children, and another for eye diseases. The number of patients seen per day runs into the hundreds. The hospital itself is always crowded with inpatients. Sister Helen, who now has charge of the nursing, only recently wrote us:

"We are kept very busy in the hospital, as it is always full to overflowing. The extra patients lie on mats on the floor. We

(*Continued on page* 11)

High Spots on a Mission Cruise

ANNA DENGEL, S.C.M.M., M.D.

On to Madagascar

For the benefit of our new readers we wish to mention that this is a continuation of a series of articles by Doctor Dengel about her visit to the missions of various countries. This cruise was a gift to her from a dear friend, a woman doctor from Germany, who accompanied her on the tour.—Editor.

ON FEBRUARY 11th the S.S. *Reliance* laid anchor a little distance outside Majunga, which means "City of Flowers," and is the largest and most rapidly growing town on the west coast of Madagascar. We were propelled into the harbor by motor boats. The first word that fell on our ears after landing was "*pousse-pousse,*" which reminded us at once, of course, that we were on French territory. The swarthy runners beckoned us to step into their two-seaters; be it said to their honor that they did not scramble for light-weight champions. We were driven in line through the city. The French colonial style of houses is strikingly different from the English.

Outside the native hospital and elsewhere crowds had gathered to pierce us with their glances. We returned the compliment and had a good look at the Malagassies. The majority are rather dark complectioned. They are mainly of Malayo-Polynesian stock, with negroid, mongol, and even Aryan strains. The dress of the people is simple. The men wear a loin cloth and over it all a long shirt-like garment called *lamba,* which is split on both sides almost to the hips to give the legs plenty of free play. The women wear bright-colored prints wound around the body, which gives a skirt and sari effect. Their hair is black and arranged in tufts which look like excrescences of the scalp. They do not seem to be concerned about spoiling their coiffure, for everything except infants is carried on the head. The babies are swung on the back. We saw several vivacious little heads peeping out over their mothers' shoulders.

Our first halt was at the market place. Trade seemed brisk. There were apparently more women sellers than men, which speaks well for the freedom of the women compared with that in other primitive countries. The place was teeming with crawling, toddling, and running children. Force of circumstances brings them early into the swing of practical life.

I made several attempts in French to ask the name and price of novel kinds of fruit and fish; the only answer I could get were smiles and gestures inviting me to taste them. I listened to the conversation in the Madagascar language; it sounded rather soft and pleasant.

En passant we were also given a glimpse of the industrial life of the colony. We were taken through a jute mill, where electrically driven machines whirred at great speed. A rice peeling plant and a crocodile-skin tannery also were pointed out to us.

A particularly interesting sight was a massive baobob tree reputed to be a thousand years old. It was, of course, an irresistible target for the numerous photographers who provided a roaring trade for the ship's expert photographer who sold films and developed them. Some of the amateurs were real artists with a flare for beauty and human interest and returned home with a rich harvest of valuable pictures to show to family and friends. Needless to say, I also took a snap here and there, mainly for our magazine.

Not far from the famous tree an entertainment was staged, supposedly for our benefit. Half a dozen starved-looking men, a few toothless grannies, and bony children jumped about in circles at the beat of a stick on a tin kerosene can. It seemed to us that half the town had turned out to gaze at them. I was glad that somebody at least enjoyed the spectacle.

As soon as my friend and I could extricate ourselves from the crowd we hailed a *pousse-pousse* and went straight to the Bishop's house. His Lordship, who is a Frenchman, received us most kindly and, stroking his long beard, told us that he had spent thirty-seven years in Madagascar. He was the picture of health and serenity, which considering his long mission career bespeak an abundance of natural and supernatural gifts. The natives, he said, are simple and good-natured; they are poor but their wants are few. Their religion is a kind of ancestor worship. They have only a vague idea of God, whom they call "The Fragrant One." The nobility adopted Protestantism about a hundred years ago, when the London Missionary Society first went there to evangelize them. Catholic Missionaries came later, and there are many Catholics now. Towns and large villages have schools, but not the smaller ones as yet. The island boasts of one railroad, which goes from Majunga to Tananarivo, the capital. Connections with the mother country are good, too; the French mail boat calls twice a week and air mail once. Considering that there are twenty-three thousand Frenchmen and over ten thousand other foreign residents, there ought to be a good deal of travelling and mail. The natives number about three and a half millions. They are governed by a French Governor General, who has three councils made up of twenty-four Europeans and twenty-four natives. In

the provinces there are native Governors. Villages still have the patriarchal system of commune-like organizations of which a native elder is the head. The Malagassis are tried by native tribunals, which are, however, under European supervision.

The Bishop gave us much interesting information, stressing especially the great changes that had been made in the thirty-seven years of his residence. The dreaded cyclones, however, have not relented, for we had just escaped one.

Health Conditions

Medically speaking, Madagascar seems in the same boat as primitive countries elsewhere. A Vincentian missionary from the south gave me the following picture: "General hygiene is almost totally lacking among the numerous tribes of the south. The families are crowded into huts twenty-four by thirty feet in size. In the cold season they wear the same clothes as in the hot, for the simple reason that they have no others. The warm and wet season lasts from November to April, then it gets dry, and on the plateaus of the interior even cool. Pneumonia, other respiratory diseases, and tuberculosis in its many manifestations are common.

We Saw Several Vivacious Little Heads Peeping Out Over Their Mothers' Shoulders

"During a certain time of the year, when the old stock of rice is used and the new harvest is not yet gathered, the nourishment is bad and likewise inadequate. The children who are not properly supervised by their parents are constantly on the lookout for fruit which they eat when still unripe. One can imagine the numberless cases of enteritis. What makes matters worse is the great difficulty of preventing the little patients from getting solid food, because the older people have a deeply ingrained conviction that not eating solid food brings death.

"On the whole island there are still many cases of leprosy. Malaria makes great ravages among our natives, in a number of cases leaving in its wake a state of weakness and morbidity. The natives do not know how to take even elementary precautions against it, and even those who do have not the wherewith. Syphilis has countless victims. Many babies are born with it, and these usually do not live long.

"The French Government has indeed made praiseworthy efforts towards the relief of all these evils. Military and civil doctors come from France. They are in charge of Medical Service stations in the large centers and the supervision of native doctors who work in the outlying districts in small hospitals and dispensaries, where advice and medicine are given free.

"I wish to mention also that the Government has made strenuous efforts to prevent the spread of syphilis. Neither should I forget the important maternity centers with one or even more midwives. For a long time it has been difficult to induce the mothers to come, but in many places they are less stubborn now.

"The Catholic Mission, side by side with the Government, does everything in its power to relieve physical ills. The Daughters of St. Vincent de Paul have seven houses, and each house has a well-frequented dispensary. The Sisters visit the sick in their homes in town and village. They also have a leper home with three hundred inmates. The Government contributes a certain amount of medicines and dressings and allows one franc (seven cents) a day per patient. The recently established *'Aide Missionnaire'* in Paris helps us to buy at wholesale price. We need many remedies, but it would not be of much use for the Mission if these items would come from any country other than France, as the customs are exorbitant, if not ruinous."

It was also interesting to hear from a Jesuit missionary that the capital has two hospitals which are well equipped. One is for Europeans, the other for natives. The latter has sixty pavilions and six hundred beds. There is also a kind of medical school, which has already turned out three hundred young Malagassi doctors. The Franciscan Missionaries of Mary also have a hospital there and work among lepers. One of the nuns mentioned the interminable ulcers to be treated every day in the dispensary.

I was surprised to hear from a fellow passenger that a friend who is a resident of Madagascar told her that in the interior, where primitive conditions prevail, babies are still thrown into the water or the fire when the parents think that they have too many children.

Although our visit to Madagascar was brief, we were able to gather some reliable information and to get a glimpse at least of the lights and shadows of *"La Grande Isle,"* as the French call this distant colony which is actually larger than the mother country. The material and spiritual potentialities seem great. It is a land of beauty and promise awaiting development.

Ten Years in India

(*Continued from page* 8)

usually have a row of them along the middle of each ward between the beds, so you can imagine how difficult it is to keep the wards tidy."

Some Husbands are Rude!

Numerous operations are performed daily in the Mitford Hospital. One day one of the Medical Missionaries was standing in the emergency room when a poor woman was brought in literally hacked to pieces.

"Good gracious!" exclaimed the Sister. "Whatever has happened?"

"Her husband did it," calmly remarked a medical student standing by.

"Her husband! Was he mad?"

"No," replied the student, "but he was very rude." Then, as an afterthought, "Some husbands are very rude."

St. Francis Dispensary

The next venture of the Society was a small dispensary which was opened in 1933 in another part of the city of Rawalpindi. The chief reason for this new undertaking was to assist a large colony of very poor sweepers who could not afford the *pice* (about one-fourth of one cent) needed to carry them by *tonga* (cart) to the Holy Family Hospital.

The opening day was quite an event. A man went around with a native drum summoning everyone to the *marvellous new dispensary*. From his superlative description no one would have recognized the modest little place we had fitted up for a dispensary, but it had the desired effect and most of the inhabitants came flocking to the new outpatient department. Doctor Dengel herself examined the first patients and had to use all possible speed to take care of the crowds.

Rawalpindi Child-Welfare Center

For years the Sisters have been anxious to open a child-welfare center in the city and to send Sisters out in the homes to care for the people as they do in Dacca. Just this past year the Commissioner's wife, Mrs. Cuthbert King, asked the Sisters if they could do this and offered financial aid from the municipality and the Red Cross. They were more than glad to accede to the request and the people of Rawalpindi are very pleased that one of the Sisters of the hospital, who is so well known to them, is now responding to their pleas for nursing and advice in their own homes.

She Might Have Consumed Grandmother

High caste patients have some difficulty in keeping their laws, which also makes it hard for one to take care of them. One woman had been sick for a long time and was not making progress in recovering as she should. It was decided that she must have eggs and cod-liver-oil. Knowing the caste rules against taking life of any kind the Sisters consulted the husband about it. He consented but said that his wife must never know what she was getting or she would not take it. Then and there he was given a lesson in making egg-nogs and the label was carefully removed from the cod-liver-oil bottle, so as to keep it all a secret from Devi, his wife.

For some time Devi partook of the milk containing "Such good medicine and such strengthening oil from Europe." As she began to improve she became more interested in the doings in the kitchen and one day she caught her husband in the act of slipping two eggs into the milk. Such consternation!

"I might have consumed one of my own ancestors! How do you know that none of their souls have transmigrated into those eggs?" Devi cried.

China Calling! Africa Calling!

The above is just a glimpse into a busy ten years of work in India where there is untold suffering, misery and neglect, so much of which is preventable or curable. So very few of India's three-hundred-and-sixty-million inhabitants receive any medical care whatsoever and many more Medical Missionaries are needed to devote their lives to this work before much improvement can be noted in such a large population. Then what about China, Africa and other countries? The time is NOW. Where are the many women who will sacrifice their lives in this work and where are those generous Catholics who will respond to their need for support? For as the late Cardinal Vaughan remarked: "You cannot serve God and Mammon, but you cannot serve God without Mammon."

Medical Missions in China

CIRCULAR LETTER OF THE APOSTOLIC DELEGATE, ARCHBISHOP ZANIN, TO THE BISHOPS OF CHINA *

Venerable and Beloved Brothers

THE non-Christian lands are par excellence the field of labor for works of Christian charity because there the spiritual and corporal misery is inestimably greater than anywhere else in the world. For priests and missionaries these countries are, therefore, suited in a special manner for the comprehensive exercise of the corporal and spiritual works of mercy which are inseparably connected with Christianity.

Every true Christian knows, indeed, that the love of our neighbor cannot be separated from the love of God and that faith without works is dead. Jesus said, "The second commandment is like to this: Thou shalt love thy neighbor as thyself" (Matt. XXII, 39). And another time: "By this shall all men know that you are my disciples, if you have love one for another" (John XIII, 35).

Christian charity is indispensable even to such a degree that Christ expects to find it in all those whom He will reward one day: "Come ye blessed of My Father . . . For I was hungry and you gave Me to eat . . . I was harborless . . . I was naked . . . I was sick and you visited Me" (Matt. XXV, 34).

By nature spiritual works of mercy excel all others. To further man's knowledge and particularly to be instrumental in imparting a knowledge of God, his Creator, his Redeemer, his Judge, is a service the importance of which surpasses every other benefit. In reality, however, the corporal works of mercy can hardly be separated from the spiritual; our neighbor is made up of body and soul and it is the whole man whom we must love. Besides, those physically afflicted feel their misery keenly and gladly accept our help. Procuring for them alleviation in their sufferings is often the only way to move them to accept a much more precious benefit in the future. In any case all the works of charity, even the most humble, are equally beautiful in the eyes of God on account of the supernatural motive by which they are inspired and on account of the ultimate goal to which they are directed.

The Church as Mother of Works of Charity

The whole history of the Church shows us the application of these principles. We see these works of charity now in Mediterranean countries where centuries ago the erudite, sophisticated, yet selfish and hard Graeco-Roman civilization flourished. A little later the missionaries brought the Gospel to the peoples of northern Europe who had simple but none the less barbarous customs. Everywhere the Church brings into life works of Christian charity. We marvel at her greatly varied enterprises which have continued to prosper since the Middle Ages. Side by side with magnificent edifices which the faithful erected to the honor of God, hospitals, leper asylums, institutions for the mentally afflicted, and orphanages have been established. A profusion of religious communities has been founded to devote themselves without earthly reward to the care of the sick, the freeing of slaves and prisoners; in brief, to every misery of body and soul.

Neither have spiritual needs been neglected. In the whole of Europe, episcopal residences and monasteries arose and schools were established for the instruction of youth. In the big cities universities open to all were founded which soon bore abundant fruit in the field of science. All these institutions for the common good which were unknown to pagan cultures, even those of Athens and Rome, can indeed be called the fruit of the teaching and the grace of Christ; everywhere it was the Church who accomplished this through her bishops, priests, and religious. These charitable undertakings, of which many survived for several centuries, never lacked support and help. Innumerable Christians contributed to them gladly and spontaneously. Some offered their wealth, others their patronage throughout their lifetime. The highest dignitaries, even kings and queens, cared for the poor and sick personally and sanctified their own happiness by the foundation of hospitals. Even under such democratic governments as are conducted by principles other than Christian, which with the efficient means at the disposal of a modern state alleviate the sad lot of the poor people, Christian charity still finds a million occasions to exercise itself. In public calamities, especially in suffering caused by war and epidemics, inundations and other catastrophes, Christians devote themselves to the unfortunate. One can even say that for certain works such as the care of incurables, of lepers, of the mentally ill, in brief the diseases which are repulsive and dangerous, entire devotion combined with ardent Christian love is indispensable. In an infidel environment one cannot find anywhere, even for liberal compensation, care corresponding to that bestowed on these unfortunate sick by heroic brothers and sisters without any earthly reward whatsoever.

* Translation from the Würzburg Yearbook, 1937.

In China, as in all mission countries, the Church is faithful to this tradition. Everywhere the missionaries have founded charitable works and taught the faithful to do the same. On the occasion of my various travels I could see some of these; but God alone knows the innumerable details of Christian charity which are bestowed on suffering humanity even during a single year in the breadth and width of this huge land by you priests, by you brothers, by you sisters, by you faithful! The devotion, the spirit of sacrifice, shown in all these labors surpasses all praise. I know that often it must have bordered on the heroic.

The Health Problem in China

In this letter I would like to write specifically about that important phase of charity which has for its object the care of the sick and wounded. For China the health problem is a very weighty, urgent, and universal one. Formerly and up to recent years missionaries considered this problem insolvable. The evil was so deeply rooted, the prejudices in favor of traditional medicine so strong in China, that they could not fight them without danger. Besides, there were, so to say, nowhere real doctors; rational care of the sick therefore, was impossible. As a matter of fact there is still a rather large number of mission stations in the interior where there is no organized medical aid of any kind worth speaking of. It is true that some have a semblance of a hospital but in a very low stage of development. In many other places in our missions, as in schools and orphanages, one can frequently observe the absence of hygiene and the lack of medical aid for the sick.

The cause of this, to a great extent, is the poverty of the population and the missionaries themselves; partly it is the result of custom. Many missionaries who have spent their whole lives in districts where neither they nor the people ever saw a doctor forget the possibility of considerable improvements now available. And yet China has made real progress. It is precisely in order to insist on the progress which we must achieve in our enterprises that I find it necessary to write about it.

Today Great Progress is Possible

Compared with former times, circumstances have changed very much. Today good Chinese doctors educated in universities of China and Europe are available. In the big ports there are already several thousands of them. Some are also found in the cities of the interior and in a number of provinces. There are also a few foreign doctors who work in one or other of the missions. The central government, composed of men who have enjoyed modern education, works with zeal at the reconstruction of the country. It knows that for this new organization medical aid is a *sine qua non* and that it must adopt in this field as in others the methods which have already proved their worth in other countries.

Each of our missions should examine today whether it is sufficiently aware of the present opportunity to alleviate the diseases and infirmities of the population and thereby contribute to the much desired reconstruction. In some big cities well-to-do families have already realized the advantages of medicine and modern hygiene. But the devotion of our priests, of our sisters, and of our zealous Catholics will only be useful if these benefits are applied without too great delay to the poor working classes of the small towns and provinces. You are daily witnesses to the misery, the extremely high infant mortality, the lamentable hygienic conditions, the infirmities and diseases of all kinds which weigh on this people and which it can neither prevent nor cure. All this put together causes in many places an unbelievable accumulation of suffering which the untiring charity of the Church desires to alleviate. But in order that our medical work become truly effective, it must be carried out methodically.

But the Method Must be Good

To begin with I would like to insist on the method. The crowds which accompanied Jesus brought Him their sick and He cured them. He proved to them the compassionate love of His heart and prepared their souls for the acceptance of the Gospel of redemption. Jesus needed neither their hospitals nor medicines to cure the blind, the lepers, the lame. He is the wonder-working Ruler; He wanted to manifest by His miracles the truth of His divine mission.

Jesus demands of His disciples that they alleviate suffering but usually He does not give them the gift of miracles. In order to accomplish this great task even to some degree, we must avail ourselves of all natural means. In one of His parables He commends the good Samaritan who dressed the wounds of the poor victim fallen among robbers with remedies customary at that time. However, he who would wish to adhere to the primitive methods with which the sick and wounded were treated 2,000 years ago would not be worthy of praise. In Christian countries medicine like all other sciences has made great strides. Scientific and social progress are the fruits which can be harvested sooner or later in fields where Christian doctrine and charity are enabled to expand freely. Patient and courageous research carried on by thousands of noble and unselfish scientists for several centuries without interruption, has gradually led to all these fundamental discoveries so that now we have a duty to utilize them.

Let us therefore make an effort to assist according to our means the poor sick of China,

especially in such needs as weigh on us less heavily in Europe and America. It would be a direct disdain of the heroic sentiments of our missionaries to continue work with the primitive means of the past, as many more lives can be saved, much more suffering prevented or cured with modern means.

The Absolute Necessity of a Doctor

In order to accomplish effective medical work the very first requirement is proper treatment, which logically demands the presence and work of a doctor. The missionaries have so accustomed themselves to the sad conditions of the country that this truth which is so evident must be emphasized repeatedly. In the present state of the development of China, it is the doctor, yes, and he only, with whose help Christian charity for the sick can be made effective.

Without doubt the missionaries would do well to acquire some knowledge of medicine, especially of hygiene and the prevention of diseases. That is the best way to realize the difficulties and the necessity of the medical profession and to cooperate with the doctor; but it should not awaken the desire to wish to take his place. The same may be said of brothers and sisters in the missions who have received some kind of training in nursing. They can do excellent work but it should be under the supervision and direction of a doctor.

Some medical works have been started impractically. One finds dispensaries full of medicines, hospitals with excellent operating rooms, but where is the doctor? Where is he who has studied these things and whose knowledge has been testified to by competent professors? Where is he who before the law and his conscience can shoulder the responsibility to prescribe medicines and to undertake surgical procedures? Even without any kind of hospital the doctor can make himself very useful. In the little villages of the Alps in Central Europe there are no hospitals either, but the district physician makes his weekly rounds and puts himself at the disposal of all the inhabitants. His visit is very much appreciated and is very useful. He advises, prescribes remedies, and instructs the people in matters of health. I know very well that a hospital is necessary to care adequately for certain patients; but it would not be the right thing to build a hospital and leave it afterwards without a doctor. The doctor is the first requisite, not the hospital. The sanitary conditions and the medical enterprises really cannot be improved until each vicariate and each prefecture has at least one or two doctors. In the beginning this involves considerable expense, but once the doctor has gained the confidence of the people it will be greatly diminished. His presence will save great sums in the case of illness of the missionaries, seminarians, and other mission personnel. How often are the sick expected to take long journeys when it is too late and what expenses are frequently incurred which all too often are useless? One must also consider that progress without a doctor is impossible. Students properly instructed in hygiene could render valuable services to their country. Here in China, only the doctor by his direct contact with families is able to induce the people little by little to observe the school master's injunctions which are often useless without the weight of his authority. The work of a good doctor in a mission would therefore, mean competency, safety, esteem, and economic advantage and over and above the financial gain, his cooperation with the missionary would lead to good religious and moral results. In addition to their strictly professional knowledge the doctors employed by the mission must have good philosophical and moral training such as is available, for instance, in the Jesuit University of Shanghai. Many Chinese doctors educated in their own country or abroad have quite a materialistic philosophy. One meets among them some who under the pretext of eugenic and social progress give dangerous advice and who even go so far as to recommend illegal operations or to teach immoral practices, thus favoring the breaking down of discipline and morals.

Archbishop Zanin
The Apostolic Delegate to China

Episcopal Advice

I would like to explain now why I have decided to combine the directions which I received from Rome with the principles given recently by the Holy Father for the missions in general.

The instructions which I received at the moment when I took over the arduous task of the Delegation direct me to give special attention to the development and reorganization of medical care. I know that the Holy Father Himself has emphasized repeatedly and insistently the thorough health organization of the missions and that he several times allotted means for this special purpose. But the Pope does not wish a half accomplished task. He knows that there is question of a work of the greatest significance for the missions and desired that everything possible be done. To those who devote themselves in some form or other to the care of the sick he says in simple language: "Love your sick and care for them with devotion." He shows the way so clearly: "Look well after them, intelligently and scientifically; treat their ailments in the best possible way. Make efforts truly to serve. Proceeding in this natural order confidence and trust are inspired which prepare the mind for higher and supernatural things . . . Never on any account must your non-Christian patients get the impression that they subject themselves to a contradictory moral. They must never get the idea that conversion and baptism are necessary to reward your devoted care, your sincere and unselfish Christian charity and zeal. Use all the means at your disposal to make them experience in their own bodies that your religion is good, excellent, and desirable, that it is truly inspired by self-sacrificing love." *

I would like to cite another word of the Holy Father spoken at the Congress of Religious and Lay Nurses in August of last year in Rome. He recommended expressly conscientious study and good technical preparation, which, as he said, are the most effective and indispensable helps in the practice of Christian charity for the sick. Further the Holy Father mentioned the second verse of the fortieth Psalm: " 'Blessed is he that understandeth concerning the needy and poor.' It does not suffice to merely devote and sacrifice one's self for the poor sick; one must do this prudently, with understanding, with ability and knowledge. In order to alleviate their sufferings one must carefully learn what to do and how to do it. To study, to work, to acquire with assiduity the knowledge of these diseases and remedies in order to lessen their ills with ever greater effectiveness; that must be the ideal of the Catholic doctor, the Catholic sister and nurse. To stop studying, not to advance one's knowledge, not to keep in touch with the current progress of the best methods of treatment would mean to be satisfied with old-fashioned ways according to the motto: 'That has always been done so'; not to avail one's self of possible means of improvement would be neither reasonable nor Christian. Look at the saints, especially those who devoted themselves exclusively to the care of the sick and poor. Look with what zeal they studied the best method to do good. It is now our turn to follow their example that with peaceful hearts we may hear one day the words of Christ: 'I was sick and you visited Me . . .' (Matt. XXV, 36)." Let us meditate on the word of Christ and of the Pope, His representative on earth.

This matter is not only a question of charity but as frequently one of justice and unavoidable professional duty. Let no one imagine that he is able to work properly without sufficient preparation. There is also a hierarchy of competency and this must be carefully observed. For the examination of the sick and for the diagnosis, the main responsibility rests on the doctor. The noblest duty of those who help him is to execute the orders received from him in the minutest manner.

Six Practical Counsels

The following are six practical counsels based on the ideas which I have just expressed:

1. According to the number of doctors available all Chinese missions should make an effort to engage a doctor and to keep one permanently in order to turn to profitable account the great medical advantages for the missions themselves as well as for the surrounding population.

2. As the prejudices and the ignorance of the people in regard to hygenic and sanitary matters are still very great, mission doctors will find it easiest in such places where they have the unconditioned cooperation and support of the missionaries and the native clergy. For priests as well as for sisters, it will be far more profitable to cooperate with the doctor than to take upon themselves medical procedures for which they are not qualified except in case of absolute necessity. Wherever the Church has influence, especially in mission schools, seminaries, orphanages, and other important Christian institutions, it will, therefore, be the usual thing soon for priests and sisters to get the doctor's advice and work according to his instructions. In this way very useful measures will be introduced. By degrees all our Chinese missions will have a healthy and numerous population and will be an example of visible progress to their neighbors.

Every Catholic knows that one is obliged to love one's neighbor and consequently to interest one's self in the general welfare. Our Christians are not hindered by the thousands of superstitious prejudices which keep back the pagans. By their convictions and Christian charity taught to them in word and work by the priests living among them, in whom they have confidence, they can become everywhere the progressive elements which China needs so badly for the "National Rebirth."

* *Osservatore Romano*, August 9, 1935.

3. Before engaging a doctor it is obviously important to deliberate carefully. It is not sufficient that a doctor be an honorable man, it is above all necessary that he have scientific knowledge and corresponding professional ability. Medicine is a difficult science; drugs are always ineffective or dangerous when the diagnosis is wrong. We have not the right to confide the health of our people, the children in our schools, the teaching personnel, and the missionaries themselves to the incapable; therefore, before we engage a doctor we must have the greatest possible guarantee that he completed the required studies successfully. In order to assure one's self of the capability of the doctor one cannot rely on public opinion nor on the testimony of local people because no other art is easier to simulate. It is best to get information from the professors of the university where he made his studies. To obtain this information, be it in China or abroad, is one of the tasks of "The Catholic Medical Service," which we founded in Peiping in 1935. The missionaries can always apply there for this purpose.

4. In medical undertakings of the missions, be they hospital, dispensary, training school for nurses, etc., all real medical work must be under the direction of the doctor. The control must be a real one, regular and conscientious. There cannot be question of having supervision merely under the cloak of peace and the letter of the law. In an electric workshop everything concerning the running of the machinery is under the control of an engineer; in a hospital one needs the doctor to supervise the much more complicated organs of the human body. Although he may be still young, he has by his studies attained knowledge which cannot be replaced by anything. With increasing age his experience grows. The experience of a nurse even if he spent his whole life in a hospital is of a different kind. The mistakes of a pseudo-physician are easy to hide but can never again be made good.

In a hospital the doctor's orders must be executed. He must make the examination, prescribe and supervise the treatment and laboratory work. Finally he must see to the prevention of contagious diseases. He cannot unburden all responsibility on the owners and administrators because they are not medically schooled. It is necessary, therefore, that frequent meetings, held weekly or at least monthly, give the doctor the opportunity to hear their views about everything that may be in the interest of the development of the hospital. As they are responsible to God for the health and the lives of all the sick whom they have taken under their care and as they must watch also over their own good name and that of the mission, they must neither allow negligences in their own work nor tolerate it in that of others. As the nursing profession is of great importance it is essential to train the nurses well. The doctors, when they deem it necessary, may dismiss those who have not the required qualities for hospital service.

5. It is not absolutely necessary that the missions have a hospital before they engage a doctor. In case of building, improving, or equipping a hospital, however, the advice of a doctor who knows local conditions should be sought. Many mistakes have been made in building hospitals and dispensaries. A thorough going over the plans by professional people saves much precious money.

6. Lastly, permit me to remark that the improvement of hygenic conditions in such a big country as China requires the cooperation of all medical and sanitary undertakings. This cooperation will be fully fruitful when all vicariates and prefectures have their own doctors. I refer now to the last two paragraphs of the Catholic Medical Service program which was published in December, 1935: "The center maintains cordial relations with all non-Catholic medical enterprises so that through its mediation all Catholic doctors of China, even those in distant parts, can keep in touch with their Chinese and foreign colleagues and co-workers, be it for scientific exchange of ideas or for general hygenic measures . . . It is desired that with this motive all Catholic missions, even the most remote, enter into the wishes of the Chinese government and combine their efforts with it to further the health of the nation. The center will endeavor to furnish the missionaries with reliable results of research and endeavor to contribute its share to the best of its ability."

If Catholic doctors, priests, and sisters will now make efforts to carry out this program, medical undertakings of our missions will soon make great progress. On account of this unceasing enthusiasm and sincere devotion for this supernatural work of love which sees brothers in all men for whom Christ has given His life, and on account of the valuable discoveries of present-day science, these works of Christian charity will be for our generation one of the best means to work for the welfare of the Chinese people.

Peiping, Christmas, 1936. MARIUS ZANIN,
Titular Archbishop of Trajanopolis
Apostolic Delegate to China.

MISSION INTENTION

JANUARY, 1938

For the Return of Abyssinian Christians to the Unity of the Church.

The End of the Old Year

The past few months have been so busy, time has passed by so quickly, that we hardly realize the old year is gone and the new year is here. Many events big and small filled the days and weeks. There was the National Council of Catholic Women Convention in Washington, at which we had a mission booth and where we met old friends and made new ones. There was the welcome home of one Medical Missionary and the Departure Ceremony for two others, Sister Bernadette and Sister Camillus, with the usual ringing of bells and expressions of good wishes.

A Matter for Thanksgiving

Looking over the past year we find much to be thankful for. Thanksgiving Day brought the absent students home for a short holiday which, as usual, meant a happy reunion. Kind friends donated turkeys and other good things for the Thanksgiving Day feast. The weather was ideal for a long walk in the woods, not yet entirely bare of their autumn foliage.

As in the case of the Pilgrim Fathers we were especially thankful for the abundant harvest. The woods around us abounded in blackberries which we picked by the bushel (the novices making that the occasion for more than one picnic), our fruit trees bent beneath their load, our neighboring convents and monasteries and friends sent us numerous donations of fruits and vegetables from their own gardens. Some good friends even gave us jars and bags of sugar so we could can the surplus for the winter.

Another Problem Solved

But how could we possibly do much canning in our tiny kitchen which is already continually in a traffic jam with the ordinary cooking for a Community of forty Sisters? That problem was quite happily solved by one of the Sisters who volunteered to can at night when the rest of us were out of the way, and get her sleep during the busy hours of the day. The result of her labor assures us of our Sunday dessert for the rest of the winter.

Fruits and vegetables....1,262 quarts
Jellies and jams.....425 pints
Pickles and relishes.....225 quarts

The Motherhouse and the Novitiate in Their Winter Dress

The Christmas Holidays

Once more the Feast of the New-born King brought the students, beggars and travellers back to the Motherhouse for a happy holiday. Of all the happy days in the Medical Mission House Christmas Day has the sweetest memories.

There was the usual preparation, of course, with evergreen trees, boxes and mysterious packages coming in days before. There were the usual generous donations of turkey and other good things to eat. There were the boxes "from home" and the bags of mail "not to be opened until Christmas" and appropriate decorations. Some Sisters were putting last minute touches to the crib, others decorating the chapel or refectory or novitiate, and the rest busy in the kitchen where everyone seemed to be getting in everyone else's way.

Christmas Eve! Early to bed—in regular order! Then about midnight the Christmas angels (disguised as Medical Missionaries) awakened the novices and postulants with "Silent Night" and "Adeste Fidelis" and other carols. Then there was the procession to the Crib with the reading of the Martyrology by the deacon

and the singing of Christmas carols by all the Sisters.

Then there was the Solemn High Midnight Mass in all its liturgical beauty sung by our own Gregorian Choir. After that breakfast (at 2 a. m.) with much talking and laughing and "Merry Christmas" greetings in half a dozen different languages. Finally we got off to bed for a few more hours sleep. The next morning—Christmas Day—there were more Masses: at the Shrine for some, to the Monastery for others, some to the Bengalese; then Christmas mail to be opened. Only too soon the holidays were over and students back again to medical school, hospital or classrooms, preparing for their future work in the missions, the rest of us carrying on at the Motherhouse in the usual round of duties.

Finding Ways and Means

Carrying on at home includes such things as sending our mite-boxes to schools and individuals, sending out appeals and answering inquiries, editing and distributing THE MEDICAL MISSIONARY, keeping files in order, and a hundred-and-one minor tasks. To say one is a missionary community is practically the same as saying one is a begging community. But just think of the many opportunities it gives others to practise the Divine command to give alms.

The Postulants Sending Out Mite Boxes

Boston Extends a Welcome

Sister M. Laetitia Flieger, of Brooklyn, N. Y., and Sister Ignatius Marie Desmond, of Somerville, Mass., were warmly welcomed in Boston in November, when at the request of Rev. Richard J. Cushing, Diocesan Director of the Society of the Propagation of the Faith, Sister M. Laetitia addressed the Sen Fu Club.

This active Mission Club assembled an enthusiastic audience numbering about five hundred in St. Clement's Auditorium. They listened with interest to Sister Laetitia's stories of her ten years in India, and of the growth and development of the Medical Missionaries' work there. They realize the great need of more workers in the field and generously promised both spiritual and material aid.

On this same trip our Sisters had the opportunity of speaking to the Teresian Guild, a society connected with St. Anne's Church, Neponset. The Guild gathered a group of about one hundred in St. Anne's Hall. Tales of the customs and beliefs of the Orient, so different from those of the Occident, held their interest, but woman-like, the native dress, both Hindu and Mohamedan, was the center of attraction.

The Sisters of Notre Dame of Namur at Emmanuel College were gracious hostesses to our Sisters during their stay in Boston. These Sisters gave them an opportunity to talk to their Tabernacle Society and showered them with many useful gifts.

To Fr. Cushing, to the Sisters of Notre Dame, and to the friends and benefactors who did so much to make our Sisters' visit to Boston a success, we extend our sincere thanks.

Trinity Assembly

At the invitation of Sister Angela Elizabeth, S.N.D., Dean of Trinity College, Washington, D. C., Sister M. Laetitia addressed the Trinity students at Assembly.

After ten years of Medical Missionary work in India, Sister Laetitia had many strange and interesting tales to relate. The students, to whom our work is not new, for we have already been the recipients of their benefactions, enjoyed the talk, and Sister Laetitia has been invited to speak again to them in the spring.

"The Flying Cross"

Through the courtesy of the Oblate Fathers, eighteen of our Sisters recently attended a lecture given by Father Paul Schulte, O.M.I., Founder and Director of the Miva, and viewed his latest picture, "The Flying Cross." Immediately some of the Medical Missionaries were ready to abandon the idea of going to India and volunteer for the Arctic instead. Needless to say, the picture is both beautiful and inspiring, and we hope that all our readers will have the opportunity of seeing it soon.

The Aquamarine Raffle

Mrs. Paul H. Fretz, of San Francisco, Calif., in her desire to boost our Motherhouse Fund,

(*Continued on page* 21)

England

Address: Medical Mission House
98 Thornbury Road
Osterley, Middlesex, England

The Medical Mission House in Osterley, a suburb of London, is a postulate for our European candidates. After they have spent six months there they come to Washington, D. C., for their novitiate.

Osterley—The Half-way House

Our English house makes a convenient "half-way house" for the Sisters going to or from Europe and India. The past few months it has had to play hostess more than once. Sister Eleanore and Sister Leonie spent some time there on their way to and from Holland. Incidentally, they had the opportunity to visit with the two Dutch postulants who are now in Osterley. The latter were delighted to speak their mother tongue again. Sister Mary Laetitia, when on her way home from India, arrived there in time to attend the International Congress of Catholic Nurses held in London and the Missionary Exhibit which was held in Cork, Ireland. Sister Bernadette and Sister Camillus stopped over at the Osterley house for two weeks before continuing their journey to India.

Irish Hospitality

Sister Elizabeth, the Superior of the Osterley House, accompanied Sister Mary Laetitia to the Irish Missionary Exhibit. Cork received the Medical Missionaries with open arms. While there the Sisters had the pleasure of visiting the beautiful Cork University where our Foundress, Doctor Anna Dengel, received her degree in medicine. Doctor Dengel has a host of friends there and Sister Ann, who is now stationed in Rawalpindi, seems to be either related to or acquainted with most of the inhabitants of that hospitable city. They all vied with one another in making the Sisters' stay most enjoyable and interesting.

The Bishop of Ranchi

A most pleasant surprise was a visit to the Osterley house by His Lordship, the Most Reverend O. Sevrin, S.J., the Bishop of Ranchi, India, and his secretary, the Reverend A. Verhulst, S.J., accompanied by Father Robinson, S.J., of Campion House, London.

His Lordship told about his mission—that mission made so famous by Father Lievens, S.J.—and of their great need of medical work, particularly among the women and children. The infant mortality is very high.

One of the interesting facts about the Ranchi mission is that in the diocese there are still territories where missionaries are not permitted to penetrate, but the spirit of Catholicism is so great that the pagans of their own accord come over the border to listen to the word of God.

Rawalpindi

Address: Holy Family Hospital
Murree Road
Rawalpindi, India

In the last MEDICAL MISSIONARY we told of the appointment of Sister Bernadette to the Rawalpindi Mission. The magazine was just back from the press when the sad news of Sister Frances' death reached us. It was then decided to send another Sister at once, and Sister M. Camillus, of Brooklyn, N. Y., was the one to receive the happy news that she was chosen.

Be Sure to Write!

Last admonition to all departing missionaries. The itinerary was the usual one: New York to London—London to Bombay by way of the Mediterranean Sea and Suez Canal—overland from Bombay to Rawalpindi. The usual time—four weeks. Glimpses of the few letters received en route are as follows:

"This is our last night on the ship before reaching Southampton—Deo Gratias! As a traveller I think I'd make a good Carmelite."—Sister Camillus.

That letter, by the way, was marked "Not for publication!" Apparently Sister was seasick. But who wouldn't be? She had her third dose

of typhoid vaccine and was inoculated for smallpox just before sailing. Then, too, a gale was blowing for two days before reaching England.

"Dear Sisters, pray for your poor missionaries that they may have the patience to stay in the boat three more weeks."—Sister Bernadette.

She was thinking of the three weeks from London to Bombay. The seasickness and homesickness must have both improved with the weather, as the letters from Port Said were more cheerful.

"The sea is calm, the sky is blue, our friends are well, and Sister Camillus is better again. . . . We met a lovely Hindu woman who told us we must meet her 'darling daughter' who lives in Bombay, so we said we would if we had the time. She spoke about her family customs, about her husband, who is a Hindu doctor, etc."—Sister Bernadette.

From London to Marseilles the Sisters did not have Mass or Holy Communion, but at Marseilles three priests and some nuns embarked—probably also on their way to the missions.

"Happy Feast! We shall have three Holy Masses now! I have the privilege of being the sacristan and prepared for Holy Mass this morning. It is lovely to have a little convent life on the boat."—Sister Bernadette.

Anyone who knows Sister Bernadette will appreciate her joy on hearing Mass again. To prepare the altar and lay out the vestments was an added pleasure. We were not at all surprised to read the following:

"No sooner had we entered the cabin after leaving New York than Sister Bernadette unloaded her holy pictures and made a shrine. . . . It was so typical of her."—Sister Camillus.

Would you like to provide passage or some part of it for a Medical Missionary Sister en route to the Orient?

The fare is 3c a mile and it is 10,000 miles to our missions in India. $300.00 covers complete passage.

Now they have had their first Christmas on pagan soil, but it is too soon for us to hear their reactions to India. We are eagerly awaiting more letters from Rawalpindi.

Address: Sister M. Helen, S.C.M.M.
Mitford Hospital
Dacca, Bengal, India

Dacca

Sister Frances' Death

On September 18th a cable arrived at the Motherhouse announcing the death of Sister M. Frances, S.C.M.M., R.N., from malignant malaria. It was fully a month before the full details reached us through the regular mails.

An epidemic of Dengue fever broke out in Dacca. This is a tropical fever transmitted by a certain species of mosquito. It rarely if ever causes death in itself, but it prostrates its victims for some time and makes them more susceptible to other diseases.

Three of the Medical Missionaries came down with Dengue fever but were able to return to duty after it had run its course. Sister Frances, however, had contracted malignant malaria in addition to the Dengue fever and her condition became progressively worse. On the morning of the ninth day she received the Sacraments. That evening she went into coma and died at 2 a. m. the following morning.

As is customary in the hot climate of Dacca, Sister was buried on the day of her death. The funeral took place from the Dacca Cathedral, with His Excellency, the Most Reverend T. J. Crowley, C.S.C., Bishop of Dacca, conducting

Sr. Bernadette and Sr. Camillus Arrive at—

The Railway Station, Rawalpindi, India

the services, and she was laid to rest in the Sisters' plot of the Dacca cemetery.

The Funeral

A missionary who attended Sister's funeral services wrote:

"It was pathetic to see the group of health visitors, Sister Frances' colleagues and former pupils, weep at the grave. Each one had a simple bouquet which she deposited on the coffin before it was lowered into the grave. In all my thirty years as a missionary, I have never witnessed such a spectacle in Dacca. Our other missionaries were mourned by Catholics whom they served, but Sister Frances had visited exclusively with the citizenry of the lanes of Dacca. All knew that there was not an ounce of selfishness in her make-up. In the eyes of the unwise she appeared to die, but she is in peace. May the Lord wipe away the tears from her eyes as she herself did from the eyes of so many poor sufferers in Dacca and brighten her passage to eternity."

Consoling too it is to read a letter which the Dacca Magistrate sent to Bishop Crowley after Sister's death. His Excellency very kindly sent us a copy.

"My Dear Bishop:

"I write in behalf of the Dacca Maternity and Child-Welfare Trust to express our sorrow at the news of the death of Sister Frances. In her the Trust has lost a devoted worker who never spared herself for the benefit of those whom she served. While the loss to the Trust is almost irreparable, we have at least the inspiration of her life and services and of the very high standard of ability and devotion to duty with which she pursued her beneficent labours.

"The Trust desires me to ask you to convey to the Mission of which she was a member this message of appreciation of her services and of sympathy in a loss in which the Trust themselves fully participate.

"Yours sincerely,

*"*John D. Tyson, C.B.E., I.C.S.,

"Dt. Magistrate, Dacca."

THE SOCIETY AT HOME

(*Continued from page* 18)

had the happy inspiration of giving a much-treasured family heirloom, a valuable aquamarine clip set with diamonds. To realize the greatest sum possible, Mrs. Fretz had tickets printed and sold them to friends all over the country, at the same time having the clip on display in a jeweler's window in San Francisco.

One can imagine the amount of work she did by the results obtained. With each ticket she not only sold a chance on the clip but she also "sold" the Society of Catholic Medical Missionaries, and distributed a great deal of information and literature. After eight months of labor the drawing was held, and the Medical Missionaries had $3,600 more to add to the Motherhouse Fund.

To Mrs. Fretz, to her relatives and friends who helped her, and to all who bought a ticket for our benefit we extend our most sincere thanks and undying gratitude.

In Our Library

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Statement from St. Joan's Social and Political Alliance on the Status of Women of Native Races. *Presented to the XVIII Assembly of the League of Nations. League of Nations Document A* 14. 1937. *V.*

Copies obtainable from St. Joan's Social and Political Alliance, 55 Berner Street, London W.I., 9d each.

While other international women's organizations are striving to better the social conditions of women in general, St. Joan's Alliance has centered its energies on raising the status of "native" women in different parts of the world. While this particular survey does not claim to give a complete statement of facts about the countries listed — Africa, Australia, British Guiana, and French Indo-China—nevertheless, it gives us sufficient information about certain sections to arouse our Christian indignation and establish a common bond of sympathy with these, our less-fortunate sisters.

A great deal of constructive work *is* being accomplished, the report admits in the outset, through European civilization, as is evidenced in the abolishment of slavery, cannibalism, and certain tribal customs. But there is much to be done and only the enactment of proper legislation will be efficacious in raising woman to her rightful position. The Alliance calls attention to the fact that some European colonial governments, by recognizing native customs and laws, foster rather than eradicate some of the worst features of paganism.

May the Alliance succeed in its purpose of securing the aid of the civilized world for those who are still struggling in the darkness of paganism.

Damien the Leper. *John Farrow, Sheed and Ward, New York.* $2.50.

In this latest biography of one of the world's most heroic missionaries, John Farrow makes the great Apostle of Molakai live again. The style is exquisite and the reader tastes some of the joys and the sorrows that were a part of Damien's very soul. It should be read by all, but particularly by those who are interested in the Church's missions.

St. Joseph's Page

WHAT WE HAVE!

"Go to Joseph"

SAINT TERESA once said, "I have never asked Saint Joseph for anything but he has answered my prayer." It has been almost traditional in the Church to go to Saint Joseph, especially for material needs. So convinced are we of this fact that we have incorporated it in our Holy Rule, as follows:

"The Society shall have a great devotion to Saint Joseph who will provide for it as he did for the Holy Family."

When we needed funds to buy our present Medical Mission House — WHAT WE HAVE pictured above — we placed the matter in the hands of Saint Joseph and appealed to our friends, and "lo and behold" our readers and friends came to our aid and the place was paid for.

Now, although only eight years have elapsed, we find ourselves in need of a much larger and more permanent Motherhouse to take care of a fast-growing community and a large novitiate. WHAT WE NEED, given below, is not necessarily the style of building we will eventually get, but it gives an idea of what the architect thinks about it. So once again we put the matter up to Saint Joseph and appeal to our friends and readers, and perhaps they will be inspired to come to our aid.

How's the Motherhouse Fund?

The question we hear on all sides. A question hard to answer exactly as promised donations are not all on hand and the price of what we must eventually buy or build is still undecided. We can safely say that we have about one-third of the necessary amount. We will have to work twice as hard to reach the desired goal by Spring.

Good Samaritan Clubs

Gather together a few of your friends and form a club. Elect your officers and formulate a definite program whereby you can raise money for the missions, by rummage sales, bake sales, card parties, etc. Register your club at the Motherhouse and you will share in all the prayers, good works, and sacrifices of all the MEDICAL MISSIONARIES, both at home and on the mission field.

Where You Can Help

Adopt a Medical Missionary Sister—$1.00 a day; $25.00 a month; $250.00 a year.

Help educate a Medical Missionary Sister—As a nurse, $100.00 a year. As a doctor: Tuition, $500.00 a year; books, instruments, transportation, etc., $250.00 a year; board, room and clothing, $250.00 a year.

Smaller Items

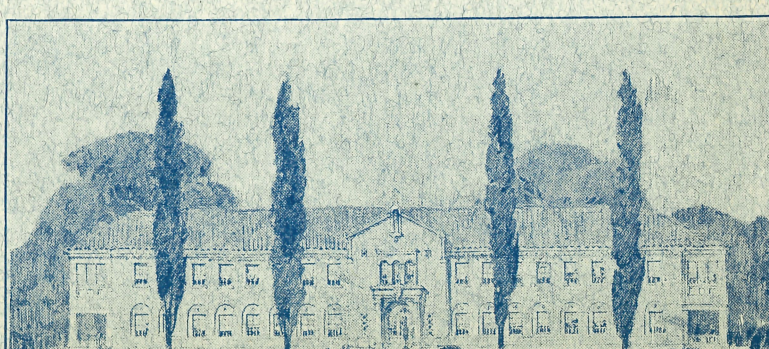
The sacristan would like a repository for the luna while it is in the tabernacle. The cheapest one in the catalogue is $12.50.

The Librarian would like old copies of *Asia* and the *National Geographic Magazine*.

The office force would like one or two usable typewriters. Every time some one walks into the office they expect to hear, "When may I borrow your typewriter?"

The novitiate would like one dozen plain, wooden chairs. Chairs that won't take much room, as twenty or more novices and postulants occasionally use the same room at the same time.

WHAT WE NEED!



ST. JOSEPH

Dear Guardian of Mary!
Dear nurse of her Child!
Life's ways are full weary,
The desert is wild;
Bleak sands are all round us,
No home can we see;
Sweet Spouse of our Lady,
We lean safe on thee!

—Rev. Fr. Faber.

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If you wish to be enrolled as a FOUNDER but cannot give the $100.00 outright, we shall be glad to make arrangements whereby you may pay it over a period of time.

Remember that by helping the MEDICAL MISSIONARIES with your alms you partake of the fruits of their labors, thus benefiting the Medical Missions during life and laying up for yourself treasures in heaven.

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The Motherhouse and the Novitiate are located in Brookland, Washington, D. C.

At present the Society labors in India where the Sisters conduct hospitals, dispensaries, maternity and child-welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world as soon as its numbers permit.

REQUIREMENTS FOR ADMISSION

1. A sincere desire to dedicate one's life to God as a Medical Missionary.
2. Good health.

   The age limit is from 16 to 30 years.

For further information apply to:

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